

C.A.R.R.E – Decision-making Process Assessment Tool

Following C.A.R.R.E steps, the preceptor can focus on assessing the decision-making process used by the orientee. (Neher, 1992)

C: conclusions/commitment

- Orientee presents his or her interpretation of the problem or plan for nursing care.
- Response from orientee that is hunch or a guess is fine
- Helps orientee process information and begin the problem solving process
- Preceptor resists urge to provide solution or interpretation after orientee provides gathered data/information without conclusions
- The preceptor elicits a commitment by asking a few questions.
 - What is going on with this patient?
 - What is your plan of care?
 - When do you believe we should notify the physician?
 - What further assessments or nursing actions would you do?
 - What laboratory tests do you feel are indicated or should be reviewed? (Neher, 1992)
 - Why do you think the patient has been non-compliant? (Neher, 1992)
 - If I weren't here, what would you do for the patient? (Cayley, 2011)

A: Ask questions to find supporting evidence

- Occurs after commitment
- Explore the orientee's thought process as to what evidence or rationale led to the decision by asking questions that encourage the orientee to "think out loud" so the preceptor can assess the orientee's knowledge and decision-making skills
- Helps preceptor assess and identify Orientee's knowledge, and analytic processes and areas for further learning
- Preceptor suppresses desire to pass judgment but asks the orientee what evidence supports their conclusions. (Neher, 1992)
- Questions to ask:
 - Why did you choose that nursing action?
 - What major findings led you to your conclusion? (Neher, 1992)
 - Have you considered any alternative nursing measures? _
 - Why would you take that action first?
 - Tell me more about why you made the decision to call the doctor at this point in time? (Bott, 2011)
 - What else might you consider here? (Bott, 2011)
 - Were there other options you considered and discarded? (Cayley, 2011)

R: Rules: Teach general rules

- This step can be skipped if orientee presented all needed information
- If orientee response includes missed connections or is incorrect, has gaps understanding data or knowledge, then correct information is provided or the orientee is informed what resources are available to locate the information.
- Examples of teaching general rules:

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- “The hypoglycemic protocol is in the green book, and it lists the steps to take when the chem strip is 60. You need to review it prior to caring for this patient.”
- “This is a medication that patients should be informed to take with food to avoid GI upset.”
- “Use the 0–10 scale to reassess the patient’s perception of pain 30 minutes after administering a narcotic.”
- Teach no more than three general rules or “Pearls” at a time; Rule or “Pearl” must be pertinent to clinical situation and generalizable to other situations ^(Bott, 2011)

R: Reinforce the positives/Give Feedback ^(Bott, 2011)

- Rationale: provides positive feedback to build orientee self-esteem and encourage the right actions to be repeated.
- Positive feedback is given with rationale or explanations that reinforce the orientee’s strengths and competencies
- Praise specific actions/behaviors that an orientee can repeat consciously or repeatedly in the future. ^(Neher, 1992; Bott, 2011)
- General praise should be avoided.
 - For example, do not just say “you did a good job” but rather, be specific: “Your assessment was accurate and you included the abnormal laboratory results in your report. That will encourage others to continue to assess the laboratory results.”

E: Correct Errors/ misinterpretations - Suggest Improvements

- Done last
- Select correct time/place
 - Arrange private setting for both positive and negative feedback to be given as soon as possible after the event.
- Requires tact to be effective
- Use “Not best” verses “Bad”
- Provide case specific and behavior-focused feedback to the Orientee. ^(Cayley, 2011)
- Provide specific recommendations for improvement.
- Could have orientee critique his or her actions first, often acknowledging the problem and asking for suggestions for improvement.
- The focus of correcting mistakes should be on ways to prevent or avoid the same circumstances in the future.
- Examples:
 - ‘Your assessment that an emergency situation was occurring was correct, but leaving the patient to get help was not the best action; next time, stay with the patient and use the call system to obtain help.’
 - “You were able to recognize the need to take vital signs more frequently, but the physician was not notified immediately. Prompt notification is important to obtain orders for the needed antibiotic therapy.”

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- Cayley, W.E. (2011) Effective Clinical Education: Strategies for teaching medical students and residents in the office. *Wisconsin Medical Journal*, 110(4), 178-181.
- Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step “microskills” model of clinical teaching. *Journal of the American Board of Family Practice*, 5(4), 419–424.